

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/665588

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5	1		1		1	
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TOTAL IND.	3		2		2	
TOTAL DEP.	5		4		2	
TOTAL CLAIMS	8		6		4	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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